

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19792

FILED JUN 14 1957

|  |                               |   |  |  |  |  |  |
|--|-------------------------------|---|--|--|--|--|--|
| BIRTH NO. _____  |                               | REG. DIST. NO. 328  |  | PRIMARY REG. DIST. NO. 6112  |  | Registrar's No. 22   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Scott</u>  |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kelso Twp</u>   |                               | c. LENGTH OF STAY (If this place)<br><u>Life</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Rural Kelso Twp 1000</u>                              |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home, 1444 S. OF KELSO</u>   |                               |   |  | d. STREET ADDRESS (If rural, give location)<br><u>1444 S. OF KELSO, MO</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |                               | a. (First) <u>EDWARD</u>  |  | b. (Middle) <u>J.</u>  |  | c. (Last) <u>LOGEL</u>   |  |
| 4. DATE OF DEATH   |                               | (Month) <u>JUNE</u>   |  | (Day) <u>5</u>   |  | (Year) <u>1957</u>   |  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  |  | 8. DATE OF BIRTH <u>Oct 27, 1890</u>   |  | 9. AGE (In years last birthday) <u>66</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Contractor</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Paint &amp; paper hanging</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Kelso, Mo</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |  |
| 13a. FATHER'S NAME<br><u>Edward C. Logel</u>   |                               | 13b. MOTHER'S MAIDEN NAME<br><u>Roussa Zelden</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Clara C. Logel</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>No</u>   |                               | 16. SOCIAL SECURITY NO.<br><u>(If yes, give war or dates of service)</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Robert Logel Cape Girardeau, Mo</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                            |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u><br><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) <u>Arteriosclerotic heart disease</u><br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION<br><br><u>420.0</u>  |  |  |  | 20. AUTOPSY? <u>2</u><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>April 16, 1956</u> to <u>June 5, 1957</u> , that I last saw the deceased alive on <u>May</u> , 1957, and that death occurred at <u>1 a. m.</u> , from the causes and on the date stated above. |                               |   |  |  |  |  |  |
| 23a. SIGNATURE<br><u>Jordan M. Munnelly, M.D.</u>  |                               | (Degree or title)   |  | 23b. ADDRESS<br><u>Cape Girardeau, Mo</u>  |  | 23c. DATE SIGNED<br><u>6-5-57</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  |                               | 24b. DATE<br><u>6-7-57</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>St. Mary's (Catholic)</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kelso, Missouri</u>                      |  |
| DATE REC'D BY LOCAL REG.<br><u>6-8-57</u>  |                               | REGISTRAR'S SIGNATURE<br><u>Miss Hazel Biggley Logel</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Biggley Logel</u>   |  | ADDRESS<br><u>Cape Girardeau, Mo</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED JUN 10 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 657-116

SEP 3 1957

JUL 17 1957

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Oliver C. Amine*

Licensed Embalmer No. 4420

P. O. Address Illus, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.